The Two-Edged Sword of Compensation: How the Gifted Cope with Learning Disabilities

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London, England
November 24th, 2005

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Abstract

More gifted children suffer from learning disabilities than anyone suspects. Many underachievers are actually twice exceptional: gifted and learning disabled. Twice exceptional children often compensate for learning disabilities, making them difficult to detect, and learning disabilities can mask giftedness, making the child appear "average." Compensation is a two-edged sword: It helps an individual to adapt, but it also acts to prevent accurate diagnosis and recognition of disabilities by oneself and others. While modality strengths can be counted on consistently, compensation requires extra energy and tends to be unstable. Fatigue, illness, and stress all rob the person of sufficient energy to be able to compensate. Some deficits, like dyslexia, may also enhance other aptitudes, because different parts of the brain develop as a means of compensation. Early identification and intervention, as well as assistive technology, are keys to success for twice exceptional children. Gifted people with disabilities are heroic. They are to be admired when their compensation attempts work and supported when these mechanisms are inconsistent.

In K. Kay (Ed.) (2000). ***Uniquely Gifted: Identifying and Meeting the Needs of Twice Exceptional Learners*** **(pp. 153-165). Gilsum, NH: Avocus Publishing.**

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Gifted individuals typically have noticeable discrepancies between their strengths and their weaknesses. This is one of the attributes of asynchrony that marks the development of the gifted throughout the life span. Asynchrony comprises several inter-related components: advanced cognitive abilities, heightened intensity and complexity, uneven development, unusual awareness, feeling out-of-sync with societal norms, and vulnerability (Columbus Group, 1991). Uneven development is a universal manifestation of giftedness (Silverman, 1995). All gifted children develop at a faster rate mentally than physically. Therefore, the higher the IQ, the more asynchronous the child or adult.

Asynchrony is magnified when high levels of intelligence are combined with severe weaknesses. A remarkable number of gifted children have either recognized or undetected learning disabilities. In the last 22 years, we have assessed over 4,000 gifted children at the Gifted Development Center, and estimate that approximately one-sixth of that population had large enough discrepancies to qualify them as twice exceptional: gifted and learning disabled. The disabilities included auditory processing weaknesses, sensory-motor integration issues, visual perceptual difficulties, spatial disorientation, dyslexia, and attention deficits. The most asynchronous child is one who is both highly gifted and learning disabled.

Maddi Wallach (1995) suggested that asynchronous development in childhood causes "arrival at adulthood with extraordinary abilities and unusual deficits" (p. 36). If all highly gifted individuals have "extraordinary abilities and unusual deficits," how does one differentiate between those with disabilities and the rest of the gifted population? This is not a simple question to answer, mainly because of the mysterious role of ***compensation***.

The Role of Compensation

Recognition of learning disabilities among the gifted is made extremely difficult by virtue of their ability to compensate. The gifted excel at problem solving. The more abstract reasoning capability one has, the more one can use reasoning in place of modality strength to solve problems. Let me give you an example. One gifted little boy used to turn his mother's face toward him when she spoke and intently study her face when he was only a toddler. In school, he sat in the front row and watched his teacher just as intently. He was in second grade before it was discovered that he had a 98% hearing loss (C. June Maker, personal communication, July 8, 1998).

Compensation enables one part of the brain to take over a function when there is injury to another part of the brain. Both sensory equipment and the processing of sensory information can be more acute in the remaining senses when one or more of the senses are impaired. The most dramatic example is Helen Keller—blind, deaf, mute—whose sense of smell (as well as taste and touch) was so finely tuned that she could detect a storm hours before there was any visible sign.

> I notice first a throb of expectancy, a slight quiver, a concentration in my nostrils. As the storm draws near my nostrils dilate, the better to receive the flood of earth odors which seem to multiply and extend, until I feel the splash of rain against my cheek. As the tempest departs, receding farther and farther, the odors fade, become fainter and fainter, and die away beyond the bar of space. (Helen Keller, as quoted in Ackerman, 1990, p. 44)

Compensation is, indeed, one of the miracles of the mind.

But compensation is a two-edged sword. While it helps an individual to adapt, it also acts to prevent accurate diagnosis and recognition of disabilities by oneself and others. Many forms of compensation are unconscious. A child whose eyes do not team properly may see doors an inch to the right of where they really are. After bumping into several walls or doors, the mind automatically adjusts the child's perception one inch to the left to enhance the survival of the organism. Instead of allowing the recognition of the problem, so that it can be remediated through exercises or lenses, the mind adjusts the perception—at least in some situations. This process occurs with all of the senses.

Some forms of compensation are conscious. Special educators attempt to teach children to compensate for weaknesses by consciously developing their strengths. And many determined individuals teach themselves to compensate for injuries or disabilities through years of practice and exercise. One gifted woman I know with cerebral palsy had to teach herself to walk three times. Even if the process of learning how to compensate is a conscious effort, the compensation itself eventually becomes automatic or unconscious, and the individual comes to rely on that capacity to compensate in order to function in the world.

The problem is that while modality strengths can be counted on consistently, compensation tends to be unstable. Under a variety of conditions, the mind stops compensating adequately. Fatigue, illness, and stress all have an impact on compensation mechanisms. When I am tired, my eyes cross. A person who has taught herself a set of organizational routines to help her deal with being organizationally impaired may not be able to rely on those strategies if she suffers the loss of a loved one.

Compensation requires extra physical, emotional and cognitive energy. When the body is fatigued, when it does not receive proper nutrition, when illness

occurs, there is often insufficient physical energy to compensate. Likewise, when a person is emotionally wounded, there is less emotional energy. After exerting a tremendous amount of mental energy concentrating all day when concentration is difficult, an individual may feel "brain-fried"—unable to take in any more cognitive information. At all these times, disabilities may be more evident or appear more severe. Sometimes a person can have a surplus of cognitive energy, but not have enough physical energy to do anything but watch TV. One cannot borrow from one energy source to replenish another. All three sources of energy must be present for functioning to be optimal (Marlo P. Rice, personal communication, July 13, 1998).

Age is another variable that affects compensation. A gifted child may be sort of spacey in elementary school and still maintain a B+ average. However, by junior high school, when hormones kick in, and the work becomes more difficult, the student's grade point average may drop to C. The compensation strategies that the mind developed for coping in the first 12 years of life may not work as well during the pre-teen years. Compensation can also be situation-specific. It works in some situations and not in others. New strategies may need to be consciously developed when the automatic mechanisms no longer do the job.

Unfortunately, since compensation occurs at an unconscious level, individuals are rarely appreciative of their own heroic achievements. Instead, they berate themselves for their weaknesses or inconsistency of performance. They *expect* the compensatory mechanisms to work all the time, and they blame themselves if they don't. This undermining of self-esteem is often the by-product of the lack of understanding they received as children from the significant adults in their lives. I recently worked with a highly gifted teen who is dyslexic. Her well-meaning teacher set standards for her based on what she demonstrated she could do on one occasion. If she failed to live up to her previous performance, he felt that she must not be trying hard enough. So she was penalized for succeeding once when she was unable to repeat the performance.

Rose's experience, my friend with cerebral palsy, provides another poignant example. Her high intelligence has enabled her to compensate well enough to pursue graduate studies in mathematics, live independently, etc. However, there have been many ups and downs along the way, with accompanying self-deprecation during the down times. Last year, Rose visited a center for the disabled and came to the realization that she had been denying the impact of the cerebral palsy on her life, diminishing its importance since she could "pass as normal." She also realized that in doing so she failed to give herself credit for what she had accomplished in coping with her disability. Rose had difficulty accepting herself as gifted, since she was unable to do so many things. When she finally understood how giftedness and disabilities interact, she was able to describe herself in her journal as gifted for the first time in her life without putting *gifted* in quotation marks.

The Importance of Early Detection

It is essential to the well-being of the child to have disabilities diagnosed as early as possible. Early diagnosis enables early intervention. This is particularly important in the case of motor delays, since the optimal time period for their correction is under the age of eight. Too many educators and pediatricians adopt a "wait and see" attitude with gifted children who seem so advanced in other areas. They notice that the children are not that far behind their age peers in fine motor or gross motor development, and they assume that the children will simply "outgrow" the delays. Unfortunately, the window of opportunity for remediation of sensory-motor dysfunctions may be over before anyone takes the problem seriously. A pediatric occupational therapist should be contacted to evaluate any signs of clumsiness, switching hands when engaging in activities, or difficulties with writing or drawing.

In my practice, I have found a startling number of gifted children with sensory-motor delays. Many were the product of very long labor, emergency C-sections, a chord rapped around part of the body, or the necessitation of oxygen at birth. Any of these factors may cause oxygen deprivation to the infant's brain. Robert Ornstein (1997) suggests that, "During birth, because of the normal position of the baby's head, the blood supply to the left hemisphere is more likely to be temporarily cut off" (p. 84). Problems with fine motor coordination are apparently linked to weaknesses in the left hemisphere (Springer & Deutsch, 1998).

Recently, another potential culprit has emerged. One of our staff members noticed a relationship between long hours of pitocin and sensory integration problems in children. In her research, Helen McVicar learned that pitocin was developed to be used for up to three or four hours to induce labor, but it is commonly used for longer periods. Gifted children often have large heads that are difficult to get through the birth canal—especially firstborns. Many of the mothers of twice exceptional children that we have seen have reported exceptionally long labors, sometimes with as much as 25 hours of pitocin, before emergency C-sections were performed. Pitocin causes harder contractions. What does hour upon hour of hard contractions do to oxygenation levels in an infant's brain? We don't know, but we want to find out, so we have begun collecting data from all the parents who bring their children to our Center for assessment on how much pitocin (if any) was used to induce labor.

We have also found that *recurrent otitis media*—more than 9 ear infections in the first three years—can result in auditory processing impairment with concomitant problems in attention, listening skills, spelling, rote memorization, and handwriting. Early detection of auditory weaknesses, along with appropriate intervention, has been shown to have a critical impact on cognitive development. Deaf and hearing-impaired infants who are identified within the first six months, and provided with amplification of sound, have significantly higher IQ scores than children whose

detection and intervention occurred after six months of age (Yoshinaga-Itano, Sedey, Coullter, & Mehl, 1998).

In gifted toddlers, otitis media is often difficult to detect, since the number one sign is irritability. Many gifted tykes are just naturally irritable—with or without an ear infection! Frequent well-baby check-ups are advised. Better yet, equip a young gifted mother with a decent otoscope and instruction on how to check her baby's ears daily. By the age of 7, children who have had chronic otitis media should receive a full audiological examination, including a Central Auditory Processing Battery.

Children who begin reading at 2, 3, or 4 are bringing naturally far-sighted eyes into near-point focus, which can lead to slight muscular imbalances. This does not mean that parents should hide the books and the cereal boxes, so that a young ready-to-read mind is prevented from doing so. The imbalances are easily corrected. A behavioral optometrist who specializes in vision therapy can retrain the eyes within six months. Some gifted children have tracking problems—they lose their place when they are reading, or near-far/far-near focusing problems—they find it difficult to copy from the board. Children who play music by ear and cannot master the art of reading music may also have visual tracking difficulties. Children who hate puzzles may suffer from weak visual perception. And gifted children who begin to read well, then suddenly stop reading, may have difficulty reading smaller print. Some have poor binocular fusion, depth perception, visual discrimination, visual-motor coordination, or visual perception. These problems are not always easy to detect.

Dozens of gifted children who have come to our Center for assessment literally talked their way through the Performance section of the intelligence scale, which is presented visually, and had to use verbal mediation to compensate for lack of good visual skills. They reversed the orientations of blocks, put puzzle pieces in upside down, and missed essential details in pictures. These items are all timed, and it takes considerably longer to solve visual problems by means of verbal abstract reasoning. Slow visual processing significantly depresses IQ scores, since there is such an emphasis on bonus points for speed on the Performance items. Typically, these visual weaknesses were not recognized prior to our assessment. Regular vision evaluations with an optometrist can detect these problems. If vision therapy is recommended, the exercises should be practiced for 15 minutes a day, every day, with at least one parent, for about 6 months. While the earlier-the-better rule works for visual as well as auditory and sensory-motor weaknesses, these exercises work for adults as well as children. They are often employed by professional athletes to enhance precision of visual-motor skills and visualization abilities. They are also extremely helpful to victims of closed head injuries.

Clinical Assessment of Twice Exceptional Children

Twice exceptional children are frequently misdiagnosed because:

1) their scores are averaged, masking both their strengths and weaknesses;
2) they are compared to the norms for average children instead of to their own strengths;
3) their lower scores may not be significantly below the norm;
4) their ability to compensate often inflates their lower scores, and
5) the magnitude of the disparities between their strengths and weaknesses is not fully taken into account.

Diagnosticians in all the helping professions are trained to look at test scores from a normative perspective. The diagnostic question they attempt to answer is: "How does this child's performance compare to the norm?" If the child scores within the average range, no disability is detected. To understand gifted children with learning disabilities, it is necessary to ask an entirely different question: ***"To what extent does the discrepancy between this child's strengths and weaknesses cause frustration and interfere with the full development of the child's abilities***?" This is an intrapersonal rather than normative view of test interpretation; it recognizes the importance of diagnosing the degree of asynchrony in the child's profile.

The *Wechsler Intelligence Scale for Children, Third Edition* (WISC-III), currently the most popular IQ test, has 13 subtests with scores ranging from 1 to 19. The mean for each subtest is 10 and the standard deviation is 3 points. These scores are averaged to produce a Verbal IQ, a Performance IQ, and Full Scale IQ. Typically, a child of average abilities who has a 9 point discrepancy (3 standard deviations) between highest and lowest subtest scores will qualify for remedial services, since this degree of scatter is considered significant (Kaufman, 1994). However, a gifted child with a discrepancy of 9 points between highest and lowest score usually does *not* qualify for special services, because the low scores are considered "in the normal range" and no cause for concern. From a normative viewpoint, a child with some scores in the ceiling range of the test, at or above the 99th percentile (17, 18 or 19) and others in the average range (7-13) is seen as having moderate abilities with some unusual strengths. Instead, the strengths should be recognized as the approximate level of the child's actual abilities, and the low scores should be interpreted as significant weaknesses, possibly improvable through therapeutic intervention.

In *The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (American Psychiatric Association, 1994), the Bible of the mental health profession, there is a caveat about averaging very discrepant scores:

> When there is *significant scatter* in the subtest scores, the profile of strengths and weaknesses, rather than the mathematically derived full-scale IQ, will more accurately reflect the person's learning abilities. When there is a marked discrepancy across verbal and performance scores, averaging to obtain a full-scale IQ score can be misleading. (APA, 1994, p. 40)

Although this paragraph appears in the section on retardation, it is equally applicable to the interpretation of scores for the gifted.

The profile of strengths and weaknesses, the subtest scatter, and the discrepancy between verbal and performance measures all tell us much more about a child's learning abilities than the averages represented by Full Scale IQ scores. Strengths give us a window into the child's abilities. This is the lens through which we should look at any child, but it is imperative in discovering gifted children with learning disabilities. The child's giftedness is documented by subtest scores in the superior range; his or her disabilities are detected by analyzing the weakest subtest scores in relation to the strongest. The greater the discrepancies between strengths and weaknesses, the greater the frustration that the child experiences.

A high Verbal IQ combined with Performance IQ that is 15 or 20 points lower should signal the need for an optometric evaluation. Low scores on Arithmetic, Digit Span and, sometimes, Comprehension (coupled with a child asking to have items repeated or mishearing words) calls for an audiological examination. Low scores on Coding and Mazes suggest the need for a sensory-integration assessment. In assessing gifted children's visual perception, auditory processing, or sensory integration, it is vital that the examiner compare the child's strengths to his or her weaknesses, rather than to the test norms. Scores in the "adequate" range in visual-motor abilities may be inadequate for a boy with an IQ of 140 whose mind is racing way ahead of his hands. He may start with slight difficulties with cutting and coloring and end up refusing (unable) to do written assignments. The uninformed interpreter does not realize that those average scores are being inflated (compensated) by high intelligence and actually represent disabilities.

Gifted children with learning disabilities frequently miss the cut-off scores for gifted programs or they may qualify in early grades and be disqualified by later assessments. They have much more erratic IQ scores over time than other children. Some twice-exceptional children achieve higher IQ scores as they get older, some have lower scores, and some have scores that vary dramatically in unpredictable directions on different tests. Many factors affect their performance. They tend to do poorer on timed tests and on written exams. And their ability to demonstrate what they know will be vastly different on "good days," when their compensation mechanisms work effectively, and "bad days," when they literally "can't think straight." The highest score that they attain on *any* IQ test at any time in their lives should be taken as the best estimate of their cognitive abilities.

To accurately recognize giftedness in twice exceptional children, we must always be on the lookout for strengths and take them seriously when they appear. One student might do exemplary work in math and science in the classroom, but not do well on timed tests. Another is successful in a gifted program, but "fails" the paper and pencil test needed to requalify for the program. A third demonstrates reading proficiency in the highly gifted range, several years above grade level, but shows only average ability on the IQ test. Which information should determine the child's placement: the IQ test that predicts the child's potential or the actual demonstration of that giftedness? Obviously, the latter. An IQ test helps us to

discover potential that has not had the opportunity to surface. It reveals abilities that may not show up in the classroom, but it can also generate false negatives—scores that underestimate a child's potential. Any demonstration of superior abilities should be recognized as a sign of giftedness and developed to the fullest extent possible, regardless of indications that the child is less advanced in other areas.

Disabilities as Gifts

Ron Davis (1994), in *The Gift of Dyslexia*, describes the benefits of dyslexia. He lists the basic abilities that all dyslexics share:

1. They can utilize the brain's ability to alter and create perceptions (the primary ability).
2. They are highly aware of the environment.
3. They are more curious than average.
4. They think mainly in pictures instead of words.
5. They are highly intuitive and insightful.
6. They think and perceive multi-dimensionally (using all the senses).
7. They can experience thought as reality.
8. They have vivid imaginations. (p. 5)

And Thomas West (1991), in *In the Mind's Eye*, describes how dyslexia has been a potent force in the development of modern physics and the computer industry. It has enabled individuals to see things differently, which has led to incredible scientific breakthroughs. Both of these authors emphasize that genius does not occur *in spite of* disabilities—rather, it occurs *because of* disabilities. The disabling of the left hemisphere, the source of school success, may cause the enabling of the right hemisphere, the source of creativity. It is extremely important to look for the gifts, the unusual abilities, in twice exceptional children. They may show up in artistic talent, mechanical wizardry, a knack for computers, genius with puzzles and mazes, inventiveness, creative ideas, an intuitive grasp of the essential rather than the superficial, uncanny empathy, profound spirituality, or in other ways that are not currently valued in childhood.

Gifted children with learning disabilities who are seen as defective, in constant need of remediation, come to view themselves with shame and doubt. They are unable to value their gifts when the significant others in their lives are overly concerned with fixing them. They become victims of their disabilities. But when those closest to them honor their strengths and believe in their ability to fulfill their dreams, they are able to mobilize their will to succeed against all odds.

Adding Insult to Injury

I know a half dozen highly gifted women who have sustained closed head injuries or other cognitive impairments—from car accidents, falls, and Lyme's Disease. All of them had cognitive assessments ordered by their insurance companies. None received insurance compensation. Why? Because their high intelligence enabled them to score within at least the average range on these assessments, especially when their strengths and weaknesses were averaged. Their previous accomplishments and expected levels of continued achievement were dismissed as "overachievement"! In the majority of cases, there were no IQ scores available prior to the insult to the nervous system, which could have served as a basis for proving to the insurance company that losses had occurred. Even in cases in which that documentation has been available, psychologists have ignored the significant losses, attributing them to "depression," etc. A person is considered "normal" (unimpaired) if he or she scores anywhere within the normal range on assessments. This normative basis of evaluation, which is prevalent in psychology, discriminates against the gifted.

The good news is that the brain's power to compensate really comes to the forefront when there is cognitive injury. It may take several years of exercises and practice, and some processes will never be as rapid as they once were, but in many cases it is possible to regain most of one's functioning abilities in time. Since the process is lengthy, it may be terribly discouraging, but retraining and practice eventually pay off. When brilliant violinist, Nadia Solerno Sonenberg, accidentally cut off one of her fingers, she was able to reteach herself to play the violin with four fingers, and eventually achieved the same level of expertise that she demonstrated before the accident. Mobilization of the will is the key to compensation.

Keys to Success

Early detection and intervention, while the brain has a great deal of plasticity, enables the development of new pathways. Most remedial efforts need to be put in place before a child is nine. There are many types of therapies available for different disabilities. One common element in all of them is that the earlier they are begun, the greater the improvement. A second common element is that the more they are practiced, the greater the success. Like the body, the brain responds to exercise. New neural pathways are formed through practice.

Each gifted child with learning disabilities needs an Individual Educational Plan (IEP) that takes into account both exceptionalities. The IEP must commit the school district to the development of the child's strengths as well as adaptations for the child's weaknesses.

Many gifted children with learning disabilities are visual-spatial learners who think in pictures instead of words. They remember what they see and forget what

they hear. The adage, "A picture is worth a thousand words" is an essential rule in reaching twice exceptional children. Overhead projectors, demonstrations, and hands-on experiences are vital to their learning.

Nonsequentiality is another common ingredient in the profiles of learning disabled children and adults. They do not learn in a step-by-step fashion like most learners. If they know what the goal is, they will find their own route there through their compensation mechanisms. Their worst nightmare is "show your work" since they usually don't take the traditional series of steps from beginning to end. They need to see the big picture in their minds and be allowed to figure out on their own how to get to the result.

For example, long division is one of the most difficult sequential tasks for nonsequential children. Some learning-disabled individuals never get it in the traditional way. I advise teachers to put a simple divisor, dividend, and quotient on the board and instruct their visual-spatial learners to figure out how to get that quotient. If they succeed, the teacher gives them a harder problem to see if their method works. While these students invent their own methods of long division, the teacher teaches the other children the more traditional, sequential approach.

Slow processing speed is a serious issue for many disabled individuals, and they typically have difficulty with timed tests. If they think in pictures, or are using some other compensatory mechanism, it takes longer to translate their picture into words or to take a circuitous route to get there. Timed tests should be avoided whenever possible. If slow processing speed can be documented through intelligence and achievement testing, students can qualify to take college board examinations and other standardized tests untimed.

Twice exceptional students are more likely to be successful if they are taught to their strengths. After the age of 9, conscious compensation strategies are needed, as well as modifications in teaching. Some compensation strategies include carrying around a day planner, making lists, visualizing, using a word processor with spell check, having a quiet place at home to study, tape recording lectures, using earphones to block out auditory distractions, and having a place to retreat when overstimulated.

The computer is the greatest tool ever developed for twice exceptional learners. Children who have difficulty with fine motor development should be taught keyboarding skills as early as possible and allowed to use a computer for written assignments. If a child is so motorically impaired that keyboarding cannot be mastered, then a voice activated computer, such as Dragon Naturally Speaking, should be employed. Assistive technology can make all the difference for a twice exceptional child.

Visualization is a wonderful tool. Many gifted individuals with learning disabilities have vivid imaginations and can visualize better than those who are not

disabled. Visualization techniques can be taught in every subject area. Here is a visualization approach to spelling that has helped many children and adults:

1. Write the spelling word in large print in brightly colored ink on a card.
2. Hold the spelling word at arm's length slightly above eye level.
3. Study the word, then close your eyes and picture the word in your mind.
4. Do something wild to the word in your imagination. The sillier the image the better. Focus particularly on the part of the word that is hard to remember, but include *all* the letters in your image.
5. Place the word in space somewhere around your head.
6. Spell the word backward with your eyes closed.
7. Then spell the word forward with your eyes closed.
8. Open your eyes and write the word once. (Younger children can write the word in sand or sugar.)

One of the most fascinating aspects of twice exceptional learners is that they learn complex material easily, but struggle with easy, sequential tasks. This has been described in Thomas West's (1991) book, *In the Mind's Eye*. They need advanced concepts, even though they have not mastered the easier work. Acceleration is often more effective than focusing on remediating weaknesses.

Twice exceptional children often feel like failures in school, and usually suffer from low self-esteem. Even if they are brilliant, they tell themselves that they are "stupid." It is important for them to have a Greek chorus of supporters who believe in them and continuously reassure them that they will get smarter as they get older. Gifted individuals who struggle with learning disabilities tend to bloom late. It takes more time to find one's niche in the world and to develop the compensation strategies that allow one to be successful. Financial success enables a disabled adult to compensate even better. It makes it possible to hire a support team with the skills that the person lacks. The natural inventiveness that enables the person to compensate for weaknesses has a positive value in the world. With the right support services, twice exceptional individuals become some of the most creative, productive innovators—people who change the world.

Conclusion

It is difficult to determine whether a gifted individual has disabilities or just the natural asynchrony that accompanies that degree of difference from the norm. When the weaknesses pose a problem for the self or for others, it is wise to seek professional diagnosis. To be gifted is to be idiosyncratic. There are no two gifted people who are alike. In fact, gifted people differ from each other to a greater extent than other groups. Self-acceptance may be hard won, especially accepting one's weaknesses. But it is important to raise the question, "To what extent could I be more effective (or fulfill my potential) if my weaknesses were ameliorated?" "To what extent could my child be more effective if his or her weaknesses were

ameliorated?" Detection and amelioration of disabilities can dramatically affect the quality of one's life. They enable the appreciation of one's Self and the development of conscious strategies of compensation. They shift attitudes towards oneself during periods when compensation is faulty. Gifted people with disabilities are heroic. They are to be admired when their compensation attempts work and supported when the mechanisms are inconsistent. Only then will they develop the confidence to fulfill their own unique purpose in the world.

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